



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

Fax:

(501)

**OFFICE OF ADMINISTRATIVE SERVICES**

**Human Resources**

1515 West Seventh Street, Suite 605

Post Office Box 2485

Little Rock, Arkansas 72203-2485

Phone: (501) 324-9065

683-2174

<http://www.state.ar.us/dfa>

**Memorandum**

To:

From:

Subject: ☐ Resignation (separation from state service)  
☐ Transfer to another state agency \_\_\_\_\_  
Name of Agency  
☐ Retirement

Date:

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Please accept this as my notice of separation from the Department of Finance and Administration, per the reason checked above. This separation is effective on

\_\_\_\_\_ at \_\_\_\_\_ o'clock.  
Date

I understand that appropriate insurance and / or COBRA forms will be sent to my home address of record.

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
Employee's SSN

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Personnel Number

\_\_\_\_\_  
Supervisor's Signature

☐ Check if separation is involuntary termination

Please forward a copy of this memo to the DFA Human Resources Office, attached to relevant personnel / payroll transaction documents, if any. (Note: Transfers to other state agencies do not require personnel / payroll transaction documents.)